

LCP-AR1

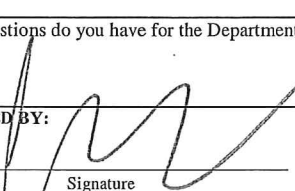
LABOR COMPLIANCE PROGRAM ANNUAL REPORT

Format for Awarding Body that enforces its own Labor Compliance Program for some but not all projects

Report for the reporting period July 1, 2010 to June 30, 2011

(mm/dd/yyyy)

(mm/dd/yyyy)

1. Name of Labor Compliance Program (LCP): College of the Canyons/Santa Clarita Community College District		
2. LCP I.D. Number (assigned by DIR): 2010.00655	3. Date of Initial Approval: October 21, 2010	
4. Contact person (include name, title, address, telephone, fax, and e-mail, if available): Jim Schrage - VP, Facilities Planning 26455 Rockwell Canyon Rd Santa Clarita, CA 91355 Phone: (661) 259-7800, Ext. 3222 Fax: (661) 259-5832 Email: jim.schrage@canyons.edu		
5. Did LCP perform any LC § 1771.5 enforcement activities during the 12 months in the reporting period? Please check one: <input checked="" type="checkbox"/> Yes If Yes, proceed to item 6 on the next page <input type="checkbox"/> No If No, complete the information below, sign the form and submit to DIR, Office of the Director, Attn: LCP Special Assistant, 455 Golden Gate Avenue, 10th Floor, San Francisco CA 94102		
What suggestions do you have for the Department of Industrial Relations to better assist you with your program in the coming year? (attach additional sheets if necessary)		
SUBMITTED BY:		
	Jim Schrage, Labor Compliance Officer	8.16.11
Signature	Name and Title	Date

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6. LC § 1771.5 enforcement activities (provide all information requested, attaching as many sheets as necessary).

A. List projects handled by LCP within the past 12 months.

Project Name	Bid Advertisement Date	Prime Contractor	Contract Amount
Applied Technology	June 2010	Multiple prime contractors	\$5,500,000.00
Del Valle Training Center	August 2009	C. A. Rasmussen, Inc.	\$5,100,000.00
Fine Arts Building	August 2009	Klassen Corporation	\$10,100,000.00
Library Addition	October 2009	Klassen Corporation	\$10,000,000.00
Total			\$30,700,000.00

B. Summary of all wages and penalties assessed and/or recovered.

Project Name	Affected Contractor (who directly employed the worker)	Amount Assessed	Amount Recovered	Approval of Forfeiture Requested from Labor Commissioner?	Description of Violation
None.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Total					

C. For any amount identified in item B for which approval of forfeiture not requested from the Labor Commissioner, please explain below.

Project Name	Amount Assessed	Amount Recovered	Explanation
None.			
Total			

D. For any amount identified in item B for which approval of forfeiture was requested from the Labor Commissioner, please provide the following:

Project Name	Amount Assessed					Amount Recovered				
	LC §1776(g)	LC § 1775	LC § 1813	Wages	Total	LC § 1776(g)	LC § 1775	LC § 1813	Wages	Total
None.										
Total										

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E. Identify cases that are or were the subject of LC § 1742 proceedings.

Project Name	Contractor	Nature of Violation	ODL Case #	Current Status
None.				

F. Did you refer any contractor to the Labor Commissioner for debarment per LC § 1777.1?

Please check one:

☐ Yes ☒ No

If yes, identify affected contractor(s) or subcontractor(s) and date(s) of referral: _____

G. Did you refer any apprenticeship violation to the Division of Apprenticeship Standards (DAS)?

Please check one:

☐ Yes ☒ No

If yes, identify affected contractor(s) or subcontractor(s) and date(s) of referral: _____